

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

BOARD OF HOME INSPECTORS

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711

WEBSITE: <u>DPR.DELAWARE.GOV</u> EMAIL: <u>customerservice.dpr@state.de.us</u>

APPLICATION FOR HOME INSPECTOR TRAINEE REGISTRATION

INSTRUCTIONS						
When to Apply						
Before applying as for Delaware licensure as a Home Inspector by examination , you register as a Home Inspector Trainee and complete 250 supervised home inspections in Delaware. Apply for registration as a Home Inspector Trainee if you do <i>not</i> : hold a <i>current</i> license as a Home Inspector in another jurisdiction (state, U.S. territory or District of Columbia) qualify for licensure under the grandfather provision. 						
If you hold a current Home Inspector license in another jurisdiction, apply by endorsement.						
Requirements						
☐ Submit a completed, signed and notarized Application for Home Inspector Trainee.						
☐ Enclose the non-refundable processing fee by check or money order made payable to "State of Delaware."						
 Arrange for the Board office to receive a <i>Verification of Home Inspector Supervision</i> form (included with the application) completed and signed by your supervising Delaware-licensed Home Inspector. The supervisor must send the form <i>directly</i> to the Board office. If you have more than one supervisor, <i>each</i> supervisor must submit a completed and signed form. If a supervisor is not yet a Delaware-licensed Home Inspector, you may accrue experience toward your own Home Inspector licensure under the supervisor starting after 8/6/2013 (the effective date of the law) through 11/4/2013 (the deadline for submitting grandfather application) <i>only if</i> the supervisor becomes licensed under the grandfather provision within three months after applying. 						
 If you have never been issued a U.S. Social Security Number (SSN), submit a Request for Exemption from Social Security Number Requirement. The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes. 						
When the application is considered complete, the Board will review it at its next meeting. If approved, the Board office will notify you.						
Experience Log						
If approved for Trainee registration, you and your supervising Home Inspector(s) must maintain records of your home inspections on the <u>Experience Log</u> . This Log will be required when you apply for licensure as a Home Inspector by <u>examination</u> .						
IDENTIFYING AND CONTACT INFORMATION						
1. Name:						
Last First M.I.						
2. Other Names Used:						
(Include maiden, other married, alternative spellings.)						
3. Date of Birth (month/day/year): Gender:						
4. Have you been issued a LLS. Social Security Number? Ves \(\Bar{\text{No.}}\) No \(\Bar{\text{If yes, enter your SSN:}}						

If no, you must file a Request for Exemption from Social Security Number Requirement.

5.	Residence Address:						
	City				State	Zip code	
6.	Residence Ph	hone:		Residence Email:			
SU	PERVISOR IN	FORMAT	ΓΙΟΝ				
7.	Supervisor Na	ame: If y	ou have more than one, ente	r your main supervisor.	_ Delaware License: H4-	See Instruction Sheet	
8.	Business Nar	me:					
9.	Business Add	dress:					
			City		State	Zip code	
10.	Business Pho	one:		Business Email:			
11.			pervisors? Yes No [ne Inspector license n		arate sheet listing each	supervisor and	
	ange for the E each supervis			cation of Home Inspect	or Supervision form co	mpleted and signed	
LIC	ENSURE HIST	TORY					
12.	. Have you ever been a registered home inspector trainee or held a Home Inspector license in any jurisdiction? Yes \square No \square If yes, list each jurisdiction:					y jurisdiction?	
			JURISDIC	TION	LICENSE NUMBER	1	
	Arranga for t	ha Baara	d affice to receive a let	tor of good standing a	livotly from cook invited	iotian whara var	
	_		nee or held a license of		lirectly from each jurisd	iction where you	
DIS	SCLOSURES						
13.	misdemeanor jurisdiction? record from a	or other Yes ☐ any juris	criminal offense, includi No If yes, submit a diction in which you h	ng any offense for which complete explanation	ntendere (no contest) to a n you have received a par and a certified copy of pardoned. For informa	don, in any your criminal history	
14.	Are any crimin your criminal			in any jurisdiction? Yes	☐ No ☐ If yes, submit	t a certified copy of	
15.	including but r for nonpayme contain condit surrender of a	not limited nt of licer ions place license,	d to fines, formal reprim nse renewal fees), prob ed by a regulatory ager certificate or registratio	ands, license suspensio ationary limitations, or h		or license revocations agreements which	
16.	Are any discip currently, or w	olinary pro vere previ	oceedings or unresolved iously, licensed, certified	d complaints pending ag d, or registered? Yes	ainst you in any jurisdiction No	on where you are written explanation.	

17		ugs or alcohol that would limit your ability to act as a home ublic? Yes No If yes, submit a written explanatio	
		•	ce must receive
		nin 12 months of filing may be considered abandoned asse allow 4-6 weeks to receive your license.	and discarded.
		AFFIDAVIT	
red De pro	quested. I hereby confirm that I have read a laware and agree to cooperate with any inveloping relevant documents and personally a	cion is made for the purpose of inducing the issuance of the pand agree to abide by all home inspector laws and rules in restigation initiated by the Delaware Board of Home Inspectappearing before the Board and/or its investigators. Date:	the State of ctors including
	State of	County of	
	Sworn and subscribed to before me this	day of	, 2
	Signature of N	Notary Public:	
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	SEAL	on expires:	
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APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.



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VERIFICATION OF HOME INSPECTOR SUPERVISION

INSTRUCTIONS: Each of a Trainee applicant's supervising home inspector(s) completes and signs this form Trainee Applicant's Name: Middle Initial 2 Supervisor's Name: _____ Do you hold a Delaware Home Inspector license? Yes 🗌 No 🔲 If yes, enter DE License: H4-_____ and skip to Question 6. If no, continue to the next question: Have you applied for Delaware licensure? Yes \(\Boxed{\text{No}} \) No \(\Boxed{\text{If yes, skip to Question 6.}} \) **Note: Inspections a Trainee performs** under your supervision between 8/6/2013 through 11/4/2013 will count toward the Trainee's required inspections only if you become licensed under the grandfather provision within three months after applying. Do you or your employer carry at least \$50,000 of errors and omissions insurance and at least \$250,000 of liability insurance? Yes \(\scale \) No \(\scale \) If yes, enter name of insurance carrier: Arrange for the Board office to receive a certificate of Liability, Errors and Omissions Insurance, sent directly from the insurance carrier to the Board office. Business Address: City Zip code 7. Phone: Email: I certify that the applicant named above will assist in completing home inspection reports and may co-sign the home 8. inspection under my supervision. Yes \(\square\) No \(\square\) Do you certify that you will: actively and personally supervise the trainee? Yes \(\square\) No \(\square\) review and sign the home inspection report? Yes \(\square\) No \(\square\) accept total responsibility for the home inspection report? Yes \[\] No \[\] review and approve the trainee's Experience Log and provide copies of any home inspection reports the trainee assisted in preparing as requested by the Board? Yes \(\square\) No \(\square\) comply with all rules and policies for supervisory home inspectors? Yes \(\subseteq \text{No} \(\subseteq \) only assign work to the trainee if the trainee is competent to perform such work? Yes ☐ No ☐ 10. Do you supervise anyone other than the trainee **JURISDICTION** NAME OF TRAINEE/LICENSEE LICENSE NUMBER named above? Yes \(\subseteq \text{No } \subseteq \text{ If yes, enter the} \) information at right. 11. Do you agree to notify the Board in writing when you are no longer supervising the trainee? Yes \(\subseteq \text{No} \subseteq \) Supervisor Signature: Date: State of County of Sworn and subscribed to before me this ______ day of ______, 2____. Signature of Notary Public: **SEAL**

Return the signed, completed, notarized form *directly* to the Board office at the address above.

My commission expires:



DELAWARE BOARD OF HOME INSPECTORS EXPERIENCE LOG

Instructions

- You must submit an Experience Log to the Board when you are applying for licensure by either
 - o Examination, or
 - Grandfather Provision and you wish to qualify for a grandfathered license based on the number of inspections you have performed in Delaware.
- You must maintain an *Experience Log* while you are a registered Home Inspector Trainee. You will be required to submit the completed *Log* to the Board when you apply for Home Inspector licensure by examination.
- The Board office must receive a Verification of Home Inspector Supervision form, which is included in the Home Inspector Trainee application form, for each supervisor who appears on your Experience Log. (This requirement does not apply if you are submitting the Log in connection with an application under the grandfather provision.)
- Use the following guidelines to complete your *Experience Log*. (Items 5-7 below the supervising home inspector's name, signature and license number are not required if you are submitting the *Log* in connection with an application under the grandfather provision.)
 - 1. Enter your name and, if you are Trainee, your Trainee registration number, at the top of each page of the Log.
 - 2. You may copy the Log. Number the Log pages in the space provided in the upper right corner.
 - 3. List the client name and property address. *Include the city, state and zip code*.
 - 4. Enter date of inspection in month/day/year format.
 - 5. Print the name of the licensed home inspector who supervised the inspection.
 - 6. Enter the license number of the licensed home inspector that supervised the inspection.
 - 7. The supervising home inspector must sign the log in the space provided.
 - 8. Sign and date the bottom of each page of the *Log*.

PAGE #

DELAWARE BOARD OF HOME INSPECTORS EXPERIENCE LOG

nspection Number	Client Name/Property Address City, State and Zip	Inspection Date	Name of Supervisor	Supervisor Delaware License Number	Signature of Supervisor
				H4	
	state that this <i>Experience Log</i> is true and correble for examination copies of home inspection re				
ome Insp	ector Signature:		Date:		